PTOSBOILS ON SCOO-190 BHO BOOST IN Aguant sau to bevoiged U.S. Polete and Trademer's Office; U.S. DEPARTMENT OF COMERCE

Note: the Peperson Reduction Act of 1995, no persons are required to respond to a pollection of information unders & displayer a valid OMB control terminer. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Humber
10/1/3/, 950 Substitute for Form PTO-876 . Effective December 8. 2004 APPLICATION AS FILED - PARCI OTHER THAN (Column 1) SMALL ENTITY · (Coin.n 2) OR SMALL ENTITY FOR HUMBER FRED HUMBER EXTRA RATE (1) BASICIEE FEE (I) FELIS NVA N/A (27 CFR 1 16(4) 161 @ (4)) **t**VA 150.00 ŇA 300.00 SEARCHFEE N/A (31 OFR 1 16(H. H. or [m] NIA \$250. HIA HIA \$600 **EXAMINATION FEE** (37 CFR 1 16(q). (p), or (q)) : NA N/A NA \$100 NA \$200 TOTAL GLAMS 27 CFR 1 16(9) X\$ 25 minus 20 . X\$50 HOEPEHDENT QLAIMS OR X100 C man X200 Of became agriffing and drawings expect 100 APPLICATION SIZE sheels of paper, the application size fee due is \$260 (\$126 for small entity) for each additional 60 sheets or fraction thereof. See TOT OFR I I HUI 35 U.S.C. 41(a)(1)(Q) and 37 CFR \$:16(a) MULTIPLE DEPENDENT CLAIM PRESENT DI CFR I LOUI +180= 4360m * If the difference in column 1 is less than zero, enter "O" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II. (Column t) (Column 2) OTHER THAN (Column 3): OR SMALL ENTITY SMALL ENTITY CUAIMS HIGHES REMAINING PRESENT NUMBER /N RATE (1) -IODA JANOIT AFTER RATE(\$) PRĖVIOUSLY EXTRA ADDI: **LEHOMENT** PAID FOR FEE (1) AT CIA LING Minus FEE (I) X\$ 25 X\$50 西西 200 00 OR profesions Minus X100 X200 Application Size Fée (37 CFR 1.16(4)) FREST PRESENTATION OF MILITIPLE DEPENDENT CLAIM PT CFR 1.140) +180= +360a OR TOTAL TOTAL ADD'L FEE 0000 OR ADO'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING 8 NUMBER PREVIOUSLY PAID FOR PRESENT RATE (1) ADDI-TIONAL AFTER. RATE (1) PKTRA ADOI-MENOMENT TIONAL FEE (1) Total Minus EEE (S) X\$ 25 X\$50 endependent OR Minus X100 X200 OR. Application Stre F40 (37 CFR 1.16(1)) first presentation of multiple dependent claim (b) cfr 1.16(1) 4180s 4380z CB TOTAL TOTAL If the entry in column 1 is tess than the entry in column 2, write "V in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".

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